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C O N F I D E N T I A L SECTION 01 OF 03 CARACAS 003548

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SUBJECT: VIEWS ON BARRIO ADENTRO FROM CUBAN DOCTORS

REF: CARACAS 2489

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Classified By: Economic Counselor Andrew N. Bowen, Reasons 1.5 (b/d)

Summary

11. (C) Since August 2006, when DHS created the Significant Public Benefit Parole for Cuban Medical Personnel Program, over 80 Cuban doctors have applied for parole in Caracas. Over half filled out an anonymous, completely voluntary, written survey answering questions about Barrio Adentro (BA), the BRV-sponsored primary health care network staffed mostly by Cuban medical personnel. The surveys revealed that BA pays Cuban doctors more than the average Venezuelan doctor's wages, that physicians don't have a license to practice medicine in Venezuela, and that some measure of political activity is required of the doctors. Estimating how many people BA has reached based on survey data is nearly impossible, as we can't independently confirm how many doctors work in the mission. Most respondents report significant problems with medication quality and availability, and believe the program is fundamentally a political tool, and is costly and inefficient from a health care perspective. End Summary.

The sample group

12. (C) Since DHS created the Significant Public Benefit Parole for Cuban Medical Personnel Program in August 2006, over 80 Cuban doctors and their families have applied for parole in Caracas. In an effort to learn more about Barrio Adentro, where most doctors work or worked, the applicants were given the option to complete an anonymous, voluntary, written survey providing basic information on the operation of the mission. Respondents understood that neither their participation in the survey, nor any answers they provided, would have any impact on their parole application. Over 40 chose to respond, providing insight that both corroborates

and corrects past reporting (Ref A).

What the mission entails

13. (C) The Barrio Adentro (BA) network consists of BA I (small primary care clinics or home offices), BA II (diagnostics and rehabilitation centers), BA III (small hospitals), and Mision Milagro (Mission Miracle), an eye surgery program. The mission has been operative since April 2003, and according to the BRV, the entire network employs over 20,000 Cuban doctors. Nearly half of the 43 surveyed respondents said they worked in BA I, versus eight in BA II, six in Mision Milagro, four in dentistry, and one in BA III (five respondents did not specify in what part of BA they were employed).

14. (C) Most respondents reported signing a voluntary, two-year contract with the GOC to participate in the medical mission, and many said they had been asked or had chosen to extend a third or fourth year. Over half of respondents had been in Venezuela 2-3 years, and five admitted to having defected from the Barrio Adentro program from 3-11 months prior to applying. Three respondents said that the program directors, and not themselves, decided when they would return to Cuba for vacation.

Are the doctors licensed?

15. (C) According to the Venezuelan Medical Association, BA physicians are not licensed to practice medicine in Venezuela. Survey results resoundingly confirm this. Most respondents said that though they didn't have a license

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issued by the Venezuelan government, they understood that their Cuban license was sufficient to practice due to the bilateral agreement between the two countries. A few respondents didn't even know if they had a license or not, saying they'd "never been told" or were "never given" one. The survey did not specifically ask if doctors had licenses in Cuba.

Salaries

16. (C) In past reporting, the information available suggested that Cuban doctors received a USD 50 stipend per month in Venezuela, and that the BRV paid the Cuban regime upwards of USD 2,000 per month per doctor in Cuba. Based on the survey results, the numbers are different. All doctors reported receiving a USD 185 stipend monthly, with a mandatory "donation" of USD 5 to the Cuban Medical Brigade. (Note: minimum wage in Venezuela is USD 238 per month). Some doctors also reported earning 50-100 "convertible pesos" (CUC, tradable only in Cuba, set at a value greater than one dollar) during the first six months of employment, to be withdrawn by their families in Cuba. After the first six months, the amount varied from 50-200 CUC. In addition, respondents said 100-300 CUC were placed in a frozen bank account to be retrieved upon, or just prior to their return to Cuba.

17. (C) Survey data places the net salary of Cuban doctors at USD 386-786 monthly -- a figure much higher than the base salary of the average Venezuelan doctor (roughly USD 280). One must assume that each doctor, after Cuban labor taxes and/or other deductions, costs the BRV an even higher amount. The surveys, therefore, corroborate the claim that the BRV is spending more on Cuban doctors than it would on Venezuelan ones. (Note: the BRV often claims Venezuelan doctors don't want to go into the barrio, but fails to note that they have

never been offered these salaries. End Note.)

Does care come with indoctrination?

¶18. (C) When asked if they were required to participate in other activities aside from medical practice, half of the respondents said yes. Many said they were required to go to BRV marches, participate in construction of BA buildings, and participate in mobile clinics alongside other missions, such as Mercal (Ref A). Some said that they were made to take note of opposition activities and evaluate Chavismo in the communities where they worked. One respondent said he/she was mandated to tell patients that Barrio Adentro would be gone if Chavez lost the elections.

¶19. (C) All respondents confirmed that they were closely watched by regional or state members of the Cuban Medical Brigade (Barrio Adentro directors). Many respondents reported that they were under "constant," "daily" monitoring, and that they were not allowed to associate in any way with mission defectors.

Are BRV statistics true?

¶10. (C) On November 24, PDVSA released statistics on BA's success since its inception in 2003, claiming the BA doctors had attended to 211 million cases and benefited over 17 million Venezuelans (65 percent of the population). If this were true, each BA user would have had 12 annual clinic visits. In the survey, primary care physicians reported seeing an average of 100 patients per week, eye doctors 75-400 per week, dentists 100 per week, and physical therapists 70-80 per week. Though the numbers given by the doctors vary widely, a rough calculation based on the BRV's reported number of total BA doctors (20,000) results in 96 million visits annually (288 million in three years) - a

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number higher even than what the BRV claims.

¶11. (C) It is likely that doctors overstated the number of patients attended to, given that one respondent said "we were required to have 15 patients per day or more and they threatened to send us back to Cuba if we didn't comply." Another respondent said "we worked only to have statistics that were in their (the BRV's) interest." (Note: making calculations on visits and penetration of this mission is always reliant on the number of doctors the BRV reports, which also may be overstated. End Note.)

Is Barrio Adentro efficient?

¶12. (C) The most passionate survey responses were in relation to Barrio Adentro's efficiency. With the exception of one person, all agreed that BA was far from an efficient program. One respondent complained that the mission is "not integrated into the Venezuelan health system" and many others said that follow-up care was difficult due to bureaucracy. Many said the program was "politicized," and that although it brought care to a "very needy population," the program "doesn't" resolve any health problems."

¶13. (C) Many respondents complained about the quality of medicines, equipment and facilities. All said the medicines came from Cuba, though some were manufactured in China, India, or Argentina. The medicines were frequently in "bad condition, often expired" and were "not sufficient in quantity or variety" to treat all the patients. Some doctors reported not having equipment at all, while others said the equipment was "mediocre" and "broke easily." One respondent,

probably referring to the makeshift home clinics where BA doctors often work, said that "the location where we provide assistance is completely improvised, without hygienic or sanitary measures."

Comment

¶14. (C) Since it's so hard to find reliable information on Barrio Adentro, these surveys are a rare opportunity to shed light on a program the BRV is very proud of. By virtue of being taken in the context of a parole application (albeit in an anonymous and voluntary survey), respondents might have been more likely to criticize the program. However, they still confirm that it costs the BRV much more to hire a Cuban doctor than it would a Venezuelan one, and that the mission has significant problems with medicine quality and distribution. Cuban doctors seem to be under some pressure to bring a political message along with their medical care, and their activities are constantly monitored by BA's directors. Calculations on nationwide impact (by number of consultations and people reached) remain unreliable, since there is no independent way to confirm the number of Cuban doctors in the country. The truth is that BA is a far cry from the health care panacea it purports to be, and though it perhaps provides care where there was none before, it is not a definitive or long-term solution.

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